•	-
<	_
0	_
7	5
C	J
r	•
•	-
ш	3
_	7
=	3
α	3
	•
	٠
_	ŧ
-	7
•	L
	ò
\geq	2
7	Ì
7	
T AV	
N T	
NA TO	֝֝֓֓֓֜֝֓֜֝֓֓֓֓֓֓֜֓֓֓֓֓֓֓֓֓֓֓֓֓֜֓֓֓֓֓֓֓֡֓֜֓֡֓֜
COT AV	
MEGT AV	
DECT AV	

09/98/566

Application or Docket Number

DKT. 11535

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

CLAIMS AS		S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER OR SMALL			
TOTAL CLAIMS			70	,				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• 0			X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS			3 mir	nus 3 =	* 0			X42=		OR	X84=	0
MULTIPLE DEPENDENT CLAIM PRESENT						+140=		OR	+280=	0		
* If the difference in column 1 is less than zero, enter "0" in column 2					column 2		TOTAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						L	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
POM	Total	. 3/	Minus	** 2	5/	= O		X\$ 9=		OR	X\$18₹	
ME	Independent	• 5	Minus	***	5	= 🔘		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
			TOTAL			TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	T.CLAIN		4	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ل	+140=		OR	+280=	
							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		<u> </u>	4	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIN				-			
+140= OR +280=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE